

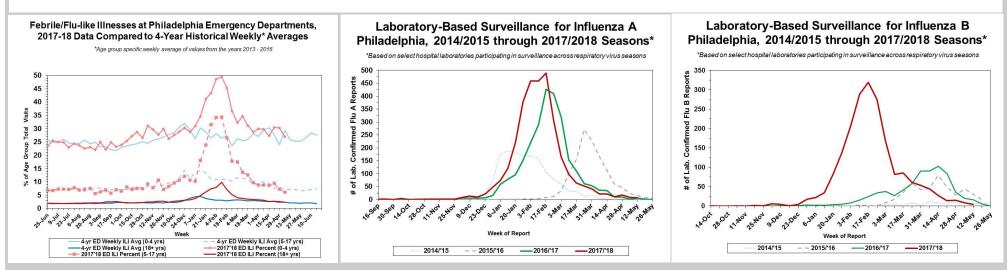
## **PHILLY FLU FINDINGS**

Philadelphia Department of Public Health Seasonal Influenza Surveillance Report MMWR Week 19: May 6—May 12, 2018

## Philadelphia Influenza Activity

Please note these data are provisional and subject to change.

During week 19, febrile/flu-like illnesses at emergency departments declined for all age groups. Overall activity has returned to baseline levels Sentinel hospital laboratory surveillance for influenza A and B also demonstrated slight decreases for both virus types. There was 1 report of severe influenza (Philadelphia resident, positive by rapid test, PCR or culture, and hospitalized for  $\geq$  24 hrs.) during this time frame, which was due to influenza A. There were no influenza associated deaths reported during week 19 and the total number of influenza associated deaths so far this season is 49, including one pediatric case. There were no influenza outbreaks ( $\geq$  1 case of laboratory confirmed influenza) reported in a long term care facility during week 19.



## Pennsylvania

The Pennsylvania Department of Health (PADOH) has reported "sporadic" influenza activity, which is defined by CDC as small numbers of laboratory-confirmed influenza cases or a single laboratory-confirmed influenza outbreak has been reported, but there is no increase in cases of ILI. Laboratory, hospital emergency department, and sentinel medical provider data indicate flu activity continues to decrease. The overall influenza activity has peaked at week 6 (week ending 2/10/2018). From 10/1/17 to 5/12/18, there have been 121,088 reports of influenza (positive by rapid test, PCR, or culture). The majority of influenza throughout the state has been identified as influenza A (79,611 reports, 65.7%). There have been 256 influenza related deaths reported this season, including seven pediatric deaths, with three deaths identified during week 19.

## **United States**

Influenza activity continued to decrease in the U.S. during week 19. Widespread activity was reported in two states (NY, MA), while three states, Puerto Rico and Guam reported regional activity. Local activity was reported by nine states and sporadic activity was reported by the District of Columbia and 33 states. Three states reported no influenza activity. The percentage of respiratory specimens that tested positive for influenza decreased during week 19. Specifically, 9,341 specimens were tested at US clinical laboratories, and 363 (3.9%) specimens tested positive for influenza. Of those positive, 107 (29.5%) specimens tested positive for influenza A and 256 (70.5%) specimens tested positive for influenza B. Among the 48 positive influenza specimens received by public health laboratories for confirmatory testing and subtyping, 13 (27.1%) were influenza A and 35 (72.9%) were influenza B. During October 1, 2017-May 12, 2018, CDC has antigenically characterized 3,174 influenza viruses [791 influenza A(H1N1)pdm09, 1,274 influenza A(H3N2), and 1,109 influenza B viruses] collected by U.S. laboratories. The majority of influenza A viruses collected were antigenically similar to the cell-grown reference viruses representing the 2017-2018 Northern Hemisphere influenza vaccine viruses, although some genetic diversity exists for the H3N2 viruses. In a smaller sample tested, the majority of influenza B viruses were antigenically similar to the vaccine strain, although a majority (75.1%) of the influenza B Victoria viruses contained a 6-nucleotide deletion. Sporadic instances of oseltamivir resistant and peramivir resistant influenza A (1 H3N2v and 1 H1N1v) were identified this season in persons who reported direct contact with swine. No human to human transmission has been identified.